

Grant Closeout Section

Form 4

Administrative Closeout

Grantee Name:		Grant Number:	
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Changes In Financial Settlement

Please indicate if any changes to the financial settlement form are required.			
Yes		No	
If yes, the Grantee must attach the amended financial settlement to this form.			

Changes in Activity Settlement

Please indicate if any changes in the activity settlement form are required.			
Yes		No	
If yes, the Grantee must attach the amended grantee performance report to this form.			

Certification of Grantee

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement identified above have, to the best of my knowledge, been completed in accordance with the grant agreement; that the United States of America and the Indiana Department of Commerce (IDOC) are under no obligation to make any further payment in any form to the Grantee under the grant agreement; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date. The recipient hereby agrees that any costs under this grant disallowed by a subsequent audit by the Indiana State Board of Accounts that are sustained by the IDOC will be promptly remitted to the IDOC by the recipient.	
Signature of Chief Elected Official:	
Typed Name of Chief Elected Official:	
Date:	

DOC Approval

This Certification of Settlement is hereby Approved.	
Typed Name/Signature of Authorized DOC Representative:	
Date:	
Financial Settlement	
Typed Name/Signature of Authorized DOC Representative:	
Date:	
Activity Settlement	
Typed Name/Signature of Authorized DOC Representative:	
Date:	